



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

Culwell for Judge Committee

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(315) 396-7774

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

10754 E 121st Street

5. City, State, ZIP Code

Fishers, IN 46037

6. Party Affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Alan Lee Culwell Jr.

8. Party Affiliation or If Independent Candidate

Republican

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)

Fishers Town Judge

10. County of Residence

Hamilton

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:

☒ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: Feb 17, 2011 Through: April 8, 2011

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period:

0

14. Cash on hand and investments January 1, current year.

0

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

450

450

15b. Unitemized

1450

1450

15c. Add lines 15a and 15b in both columns

SUBTOTAL

1900

1900

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

1900

1900

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

935.36

935.36

17b. Unitemized

222.09

222.09

17c. Add lines 17a and 17b in both columns

SUBTOTAL

1157.45

1157.45

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

742.55

742.55

19. Debts OWED BY the committee (use Schedule D)

0 \$75.00

20. Debts OWED TO the committee (use Schedule E)

0

DECLARATION

OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title
Treasurer, Candidate

Date

4/14/11

Date

8:08 AM

FOR OFFICE USE ONLY

sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly
son who fails to file a complete or accurate report as required by the Indiana
nd may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS**
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| |
|---------------------------|
| FILE NUMBER |
| |
| Page <u>2</u> of <u>4</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|--|---|-----------------------------------|--|--|
| 1. Mary & Dale Giesting 10734 Grindstone Dr. Fishers, IN 46037 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | \$150.00 | \$150.00 | 3/24/11 Treasurer Alan Culwell |
| 2. Kathy & Scott Tenney 14542 Copper Springs Way Fortville, IN 46040 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | \$300.00 | \$300.00 | 3/24/11 Treasurer Alan Culwell |
| 3. _____ Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| 4. _____ Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| 5. _____ Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 450.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet) | | \$ 450.00 | | |



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 3 of 4

| RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small> | RECIPIENT'S OCCUPATION <small>(business, profession, occupation, or office sought, if applicable)</small> | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|--|---|--------------------------------|-------------------------------------|----------------------------------|
| Code <u>A</u> Bush Signs LLC P.O. Box 9328 Montgomery, AL 36108 | Printer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$571.36 | \$571.36 | 3/31/11 4/4/11 (9285.68K2) |
| Code <u>A</u> Pure Postcards 1227 S. Lincoln Ave. Clearwater, FL 33756 | Printer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$364.00 | \$364.00 | 4/5/11 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$935.36 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet) | | | \$935.36 | | |



INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 4 of 4

| CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <small>(street number, city, state, ZIP code)</small> | ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <small>(street number, city, state, ZIP code)</small> | AMOUNT <small>(dollars and cents)</small> NATURE OF DEBT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|--|---|--|-----------------------|------------------------------------|---------------------------------------|
| Jenifer Culwell 10754 E 121 st ST Fishers, IN 46037 | | \$75.00 loan | April 4 2011 | 0 | \$75.00 |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$75.00 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <small>(Enter total on ITEM 19 of the Summary Sheet)</small> | | | | | \$75.00 |